

COC SYSTEM PERFORMANCE COMMITTEE

Minutes of the April 21, 2015 Meeting

Natalie McCleskey called the meeting to order at 9:36 a.m. The following members were present: Stephanie Ascani, Renee Biggums, Vicki Conley, Jennifer Keaton, Natalie McCleskey, Jean Van Ness, Carla Wright, and Duane Wykoff.

COHHIO MEETING: Jennifer and Natalie reported the following on last week's COHHIO meeting: No one is sure what HUD wants related to Performance Measures. Most are working on it. Some CoCs are not looking at employment just yet. We have. It seems important. It appears that we are the only CoC looking at measures with more depth than others and taking the most risk with the highest needs. HUD is aware that highest needs and best results are difficult.

GAP ANALYSIS: We need to be ready for July measures. Listed below are some of our weaknesses and possible solutions:

- No help after Hot Line closes
 - a) Basic Accommodations which is open 24 hours and may have a space available for a 23-hour bed.
 - b) CRISIS Center could possibly utilize a 23-hour bed in their Crisis Stabilization Unit if there is space. Coleman Behavioral Health recently purchased 4 homes each with 3 bedrooms. Perhaps there could be space found for a 23-hour bed there. One room will be used for the manager and other 11 will be available for clients. At this point of the 4 homes 1 is being considered for Veterans and 1 in partnership with Refuge of Hope. Coleman to address after hours/weekend gaps in hotline. The use of the other 2 is still being considered and discussed. If awarded grant money, other 2 homes might be used for chronically homeless
 - c) Federal CABHI\$ for chronically homeless and AOD.
 - d) Discussed if the Hot Line could be open later.
 - e) Alliance for Children and Families has been flexible---Intake Split Shift.
 - f) No movement---need more places to exit and to get people some type of income.
 - g) Uncertainty about what should be the priority. More rapid rehousing? Shelters don't have intake evenings or weekends. We are looking at room at the following as possible ways to increase intake times.
- No duration times for:
 - a. Disability
 - b. 1 year homeless or
 - c. 4 or more times in 3 years
 - d. There is a need for better verification of not just the severity of need but also the total time and length of stay for homeless in the past 3 years. (How do you verify the length of homelessness?) Jennifer brought up the issue of using the HMIS record or Chronic Certification. Using total time homeless and severity would be helpful. Our current focus is chronic homelessness of families or individuals with mental health issues. There is no guidance from HUD other than 12 months or more or severity of need. HUD considers homeless for 1 year or more or 4 episodes (totaling 12 months) in 3 years the

highest level of need for chronic people. We plan to seek guidance from CSH on these issues.

- There is not movement from housing types (need housing types to move them to). Seeking CSH guidance on this issue also.
 - a) What type of housing type is the priority?
 - b) We are not seeing lots of families needing Rapid Rehousing.
 - c) There are more singles in need of Rapid Rehousing.
- We need more publicity/marketing of the hotline.

There was a long discussion on job training. The Sisters of Charity Foundation is working on this with Stark County Department of Job & Family Services & Ohio Means. We will ask for special input from work group at the Sisters of Charity to explore an effort to work with Permanent Supportive Housing & employment and any Department labor grants & have a retention plan in place (eg. Job Coach).

The following strengths were discussed:

- Excellent communication between the hotline, providers, and clients.
- The Mental Health Board is exploring options/projects that
 - a) focus on people leaving institutions with AOD.
 - b) question whether these will meet homeless criteria.
- Policy Change---as long as Stark County is eligible, must be 30 day county resident for TH, or PSH and won't count for shelters.

The Committee went over the Quality Assurance Recommendations and compared them with Heartland East. It was decided that we should:

- stick with the 2013 outcomes
- not be measuring return to homelessness but return to projects!
- higher returns to shelter; less punitive and these numbers will remain higher.
- really concentrate on mainstream benefits and especially SSI/SSDI approvals.

Review Objections in the CoC Application:

- Need to get data on what we achieved in 2 years based on APR and each project differs. Objective 3 these numbers are from everybody and hence very low. (Other charts are based on Federal Fiscal year.)
- 2015 based on what we thought we'd have and we didn't know that we'd get STARR, etc.

The following needs to be done between this meeting and the next:

- Need data from 2014
- Need projections for 2105 & 2016
- Not looking at recidivism (no objectives anyway)
 - a) have not established enough performance measures for each project (for example good performance vs. bad performance)
 - b) gave goals by project thus no consensus
 - i) some projects have been performing under par so project based might be good
 - ii) this committee is looking at System-wide

c) HUD had combination of project types grouped together and HUD also wants target population.

Income vs. Employment as one goal---Jennifer reviewed our charges.

Prevention skews results/goals---thus there were suggestions to:

- not include in objectives
- keep local separate from CoC
- wait on NOFA

The meeting adjourned at ----- . The next meeting is May19th.

Respectfully submitted by

Vicki Conley & Stephanie Ascani